

Unannounced Care Inspection Report 5 May 2016



Ballymacross House

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ballymacoss House, a residential care home, took place on 5 May 2016 from 10.50 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made in respect of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, risk management and the home's environment.

Is care effective?

No requirements or recommendations were made in respect of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in respect of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were made in respect of well led care. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Colette Speight, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP), there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: The Cedar Foundation / Ms Colette Speight	Registered manager: Colette Speight
Person in charge of the home at the time of inspection: Colette Speight	Date manager registered: 15 November 2012
Categories of care: PH - Physical disability other than sensory impairment	Number of registered places: 12
Weekly tariffs at time of inspection: £764	Number of residents accommodated at the time of inspection: 9

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the previous care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents, three care staff and the registered manager. No residents' representatives or visiting professionals were present. Six resident views, three resident representative views and five staff views questionnaires were left in the home for completion and return to RQIA. Four resident views questionnaires, three resident representative views and four staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected satisfaction with the services provided by the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- One staff recruitment file
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 September 2015

The most recent inspection of Ballymacoss House was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: First time	The registered manager should ensure that policies and procedures relating to dying and death and to continence care are updated to reflect current best practice guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of policies and procedures confirmed that these had been updated accordingly.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staffing levels had remained unchanged from when 12 residents were accommodated. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x practice leader
- 2 x support workers
- 1 x cook
- 1 x administrative staff
- 1 x domestic staff
- 1 x driver

One practice leader and two support workers were due to be on duty later in the day. One practice leader and support worker were scheduled to be on overnight duty.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Staff competency and capability assessments reviewed were found to be comprehensive.

A review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Discussion with the registered manager confirmed that The Cedar Foundation was aware of the most up to date regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The home's current adult safeguarding policies and procedures were being reviewed to bring these in line with latest regional guidance. The existing policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager identified that no adult safeguarding issues had been raised since the last care inspection. A review of accident and incidents notifications, of care records and of complaints confirmed this. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

A review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC for residents, their representatives and staff. Although there had been no recent outbreaks of infection within the home, the registered manager was able to describe the procedures for dealing with such situations.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably wheelchair lap belts, for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the home's Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. It was noted that the home maintained a schedule for the maintenance and cleaning of wheelchairs. This practice was to be commended.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 01 September 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was most recently completed on 19 April 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff within the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred practice and that a person centred approach underpinned practice. The care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that actions identified for service improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of monthly resident meetings were available for inspection and showed that residents were made aware of how to make complaints or to suggest changes within the home.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

There was evidence that the use of audits and review was employed to provide excellent effective care to one resident. An example of this was how staff worked to identify and meet the changing needs of one resident who was experiencing some personal difficulties. Staff were able to recognise changes in the resident through observation and an analysis of the pattern and frequency of incidents. Staff instigated liaison with appropriate medical and community support services; this both averted a further escalation in incidents (which could affect other residents) and was having an eventual positive impact on the resident's wellbeing.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' consent was sought and how confidentiality was protected.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Residents provided the following comments:

- “I’m looking forward to moving to my new home. I have made lots of arrangements and the staff here have helped me to buy new furniture and items for my flat. I can’t wait!”
- “I’m looking forward to the move. I think it will be better in supported living, but I will still miss Ballymacoss House.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and to their families. For example, several months ago, two residents died unexpectedly on the same day in the home. Another resident later died following a long illness. The sudden deaths were traumatic for both residents and staff. The staff team worked to provide support and comfort to the residents, who had lived in Ballymacoss House for some years and who were a close knit group. The Cedar Foundation and the staff team also provided support for colleagues who were on duty on the day of the deaths. Although the third death was expected, staff were mindful of the impact of the death on the other residents, coming so soon after the first two deaths. Residents were assisted to participate at funerals and staff provided opportunities for residents to discuss their feelings of loss. The families of the deceased residents were provided with practical and emotional supports.

Ballymacoss House is set to close later this year and the residents are to move to a newly built Supported Living facility in Lisburn. The date for the move from Ballymacoss House had been unavoidably changed by the building contractors several times and this caused the residents and their families some upset. Staff had assisted residents to make practical preparations for the move and had recognised the anxiety of some residents about the inevitable changes. Staff had worked hard to provide emotional support to the residents during this particularly difficult time.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters on display within the home. A review of the minutes of residents' meetings identified that the process for making complaints was discussed at such meetings. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. An example of this was the discussion within the staff team about the rights of a resident to choose to take some risks and how this could be balanced against the duty of staff to ensure the resident's safety.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and the registered manager advised that additional training opportunities relevant to any specific needs of the residents could be made available to staff, if necessary.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. A resident's representative provided a comment in a questionnaire returned to RQIA; "Staff are friendly and one can talk to them should I have any worries."

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

A review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Staff were particularly appreciative of The Cedar Foundation's response to the needs of residents and staff following recent deaths within the home.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

There was evidence that the home's management provided excellent well led care to residents, to residents' families and to the staff team. For example, in preparation for the move to the new Supported Living facility, the registered manager made arrangements for residents to visit Ardkeen, another of The Cedar Foundation's supported living services. This had allowed residents of Ballymacoss House to see a similar example of the size and layout of their prospective new homes. This served the purpose of allaying anxieties about the reality of living in a supported living setting. It also prompted discussion about the individual preferences of the residents in regard to decoration and furnishings. It provided a useful distraction from the recent losses of three residents.

The registered manager also arranged for a representative from the Leonard Cheshire Foundation to meet with residents and deliver a programme of training on 'Be Safe, Stay Safe' which may be beneficial to residents within a supported living setting. A representative from the Centre for Independent Living NI also came to speak with residents to discuss what they could expect from a supported living setting.

The registered manager, anticipating that some residents may encounter physical difficulties in adjusting to a new environment, engaged the services of Occupational Therapy services in advance of the move. This would help ensure safety and reduce fears.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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